ARKANSAS INSURANCE DEPARTMENT RATE FILING ABSTRACT

Insurer Name: NAIC Number:	The Standard F 3548-19070	The Standard Fire Insurance Company				Ann Lavorgna Ann Savogna			
Name of Advisory Organization Whose Filing Your Are Referencing					Signature: Tolophone No				
•	•	<u> </u>	<u> </u>	Telephone No(860) 277-5466					
Co. Affiliation to A	, ,	on: Member	Subscriber		Purchaser				
Reference Filing #	<u> </u>		Proposed Ef	fective Date:	September 22, 2005		 ,		
				FOR LOSS COSTS ONLY					
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	
		Indicated	Requested		Loss Cost	Selected	Expense	Co. Current	
LINE OF II	NSURANCE	% Rate	% Rate	Expected	Modification	Loss Cost	Constant	Loss Cost	
By Co	overage	Level Change	Level Change	Loss Ratio	Factor	Multiplier	(If Applicable)	Multiplier	
Bodily Injury		34.2%	25.5%	N/A	N/A	N/A	N/A	N/A	
Property Damage		-18.4%	-0.6%						
Medical Payments		33.6%	2.0%						
UM/UIM		56.0%	19.4%						
Personal Injury Protection		4.3%	1.8%						
Comprehensive		-27.9%	-2.8%						
Collision		13.5%	6.2%						
TOTAL OVERALL EFFECT +11		+11.1%	+9.6%						
N Apply L	oss Cost Factors	to Future Filings? (Y o	r N				·		
		e Increase for any Arkai							
		Decrease for any Arka							

Corresponds to Question 3 on RF-2 or RF-WC

									Selected Provisions
		Rate Change History		AR Earned	Incurred	Arkansas	Countrywide	A. Total Production Expense	15.7% / 16.0%
Year	Policy Count	%	Eff. Date	Premium (000)	Losses (000)	Loss Ratio	Loss Ratio	B. General Expense	7.7% / 7.6%
2004	<u>4,375</u>	7.5	8/22/2004	<u>12,702</u>	7485	<u>58.9%</u>	53.9	C. Taxes, License & Fees	3.0% / 2.8%
2003	6,073	9.9	7/25/2003	<u>8,573</u>	5515	64.3%	65.7	D. Underwriting Profit &	
2002	4,375	3.8%	7/3/2002	<u>3,168</u>	<u>1,607</u>	50.7%	<u>64.1</u>	Contingencies	4.9% / 13.2%
								E. Other (explain)	
								F. TOTAL	31.3% / 39.6%